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PTO/SB/05 (2/98)

UTILITY
PATENT APPLICATION
TRANSMITTAL

Please type a plus sign (+) inside

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. TI-29492

First Named Inventor or Application Identifier

Jacek Stachurski

Alignment-Phase Speech Coding and System

Express Mail Label No. EL547747125US

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/155,439 filed 09/22/1999.--

	TION ELEMENTS  eming utility patent application contents	A	DDF	RESS	Box	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231				
*Fee Transmittal Fo	m (e.g., PTO/SB/17) d a duplicate for fee processing)		6.		Microfiche Computer Program (Appendix)					
2. Specification (preferred arrangem	ent sectoral below)	<b>1</b>	7.		eotide and/or Amino Acid Sequence Submission oplicable, all necessary)					
- Descriptive title of - Cross References	the Invention to Related Applications			a.	Computer Readable Copy					
- Statement Regard - Reference to Micro	ng Fed sponsored R&D rliche Appendix			b.	Paper Copy (identical to computer copy)					
- Background of the - Brief Summary of			c. Statement verifying identical of above copies							
	f the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS								
- Claim(s)		8.	8. X Assignment Papers (cover sheet & Documents(s))							
- Abstract of the Dis		<b>4</b> j	9.		37 CFR §3.73(b) Statement Power of (when there is an assignee) Attorney					
4. Oath or Declaration	[Total Pages	<b>2</b> ,	10.		English Translation Document (if applicable)					
a. X Newly Execu	ited (original or copy)	<del></del>	11.		Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations					
b. Copy from a	prior application (37 CFR §1.63(d)) tion/divisional with Box 17 completed)		12.		Preliminary Amendment					
	te Box 5 below]		13.	X	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
	ELETION OF INVENTOR(S) gned statement attached deleting inventor	r(s)	14.		*Small Entity Statement filed in prior application Statement(s) Status still proper and desired					
na	med in the prior application, e 37 CFR §1.63(d)(2) and 1.33(b).	(-)	15	(PTO/SB/09-12)  Certified Copy of Priority Document(s)  if foreign priority is claimed)						
	ference (useable if Box 4b is checked) to of the prior application, from which a cop		16. Other:							
the oath or declarati	on is supplied under Box 4b, is considered closure of the accompanying application a	'A sow statement to required to be estitled to say small estitu face except								
hereby incorporated	by reference therein.	'A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.  the requisite information below and in a preliminary amendment:								
Continuation	☐Divisional ☐Contin					application				
Prior application information: Examiner Group / Art Unit:										
18. CORRESPONDENCE ADDRESS										
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  Correspondence address below										
NAME ADDRESS	-									
CITY	STATE ZIP CODE									
COUNTRY	TELEPHONE (972) 917-4365 FAX									
Name (Print/Type)	Carlton H. Hoel			Reg	istration No. (Attor	mey/Agent)	29,934			
Signature	Must Ih	1				Date	9/22/00			

App of for use through 09/30/2000. OMB 0651-0032 d Trade Office: U.S. DEPARTMENT OF COMMERCE

DATE: 09/22/2000 Patent and Trade Office: U.S. DEPARTMENT Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Application Number
Filing Date
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otherwise large entity fees must be paid. See Forms PTO/SB/09-12.									E	xamine	r Nam	e			
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SUBMITTED BY

Typed or Printed Name

Carlton H. Hoel

Signature

Date

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Deposit Account User ID